	ounty en arch	Registered No. 109
V	"Illage or City Tachsides (No. ,	St.; Ward) [If death occurred line is hospitat or lostifuling give its NAME losted of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ATE OF BIRTH 4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) (Month) (Day) (Year)	18 DATE OF DEATH ACL 26 (Month) (Day) (Year) 1 HEREBY CERTIFY, That Lattended decessed from 1912, 1913, to 1913
7 A C		and that death occurred on the date stated above, at 6 Pm The CAUSE OF DEATH* was as follows: Had Infections Cord and
(a) par (b) busi	Trade, protession, or ricular kind of work. General nature of industry, iness, or establishment in Chemployed (or employer)	Gasthie condition at the Usine 42615#13 (Duration) yrs. mos. ds
(a) pai (b) busi whi	General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country Jashington 10 NAME OF	Contributory (Secondary) (Deration) yrs mos ds
(a) pais while (S) (S)	Tricular kind of work Beneral nature of industry, Iness, or establishment in the employed (or employer) IRTHPLACE tate or country IONAME OF FATHER TONAME OF FATHER OF FATHER (State or country) MARCHART (State or country) MARCHART MAIDEN NAME	Contributory (Secondary)
PARENTS (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	Ticular kind of work General nature of industry, Iness, or establishment in Ich employed (or employer) IRTHPLACE tate or country TO NAME OF FATHER TO NAME OF FATHER TO NAME OF FATHER (State or country) TO NAME OF FATHER TO NAME OF FATHER TO NAME OF FATHER (State or country) TO NAME OF FATHER TO NAME OF FATHER (State or country)	(Signed) (Deration) yrs mos ds (Signed) (Address) (Address) (State the DISEASE CAUSING DEATH, or in deaths from View was

I PLACE OF DEATH 1808

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted ferm for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," oma. Narcoma. etc., of ______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio "Contributory." (Recommendations on statement of LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," State cause for Never report

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state Very 40 pinous OCCUPATION PHYSICIANS RECORD jo statement RMANENT Exact stated 크 classified. be should properly INK supplied. pg may certificate. carefully o 80 90 be back terms, should uo plain Instructions Information EATH IN WRITE P OF Item Important. M Every m

16

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 8 02 [If death occurred in St :----Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH 191.3 (Year) (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, st 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) (Duration 10 NAME OF FATHER (Signed). , 191.3. (Address) 11 BIRTHPLACE N OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or In deaths from VIOLENT AREI CAUSES, state, (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ... State Where was disease contracted.

If not at place of death?

Former or

usual residence.

OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Jaborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septicharture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver seound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of "Contributory." The contributory (secondary or intercurrent) is icss definite; avoid use of "Tumor" for malls. tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:

PERMANENT

Very PHYSICIANS should state of OCCUPATION IS very RECORD properly classified. Exact statement should be stated EXACTLY. AGE carefully supplied. certificate. See instructions on back of Every Item of information should be CAUSE OF DEATH is plain terms, so Important.

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1 PLACE OF DEATH

1900

Gounty....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 10 3

....Ward)

Village or City DE	alle	(No		st.;
	10	i	12	

[It death occurred in a hospital or institution, give its NAME Instead of street and number.

FULL NAME CULLE	2 attack
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FEMALE CARRAGE SINGLE, MARRIED, WIDOWED ORDIVORCED ORDI	(Month) (Day) (Year)
8 DATE OF BIRTH (Mouth) (Day) (Year)	that I last saw h all salive on 1913.
7 AGE It LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Convey a standard of work.	Ex kans Leid
(b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Pulmanay Jakarules
10 NAME OF FATHER Januar Barur	(Signed) (Ouration) yrs 6 mos. ds. (Signed) (Signed) (No. 1) (Address) (Section 1) (Address) (Section 1) (Address) (Section 1) (Address) (Section 1)
THE STATE OF COUNTRY SOULT SECTION OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER O	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Charles a full	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) St. Cellu Chas Colly 15 Filed Fel 24 1913 Chasler W. Roby	19 PLACE OF BURIAL OR REMOVAL Mashington D. E. 25 1913. 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St. Balto Requesting V & No. 1

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman." As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

mus," dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrperal scotichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--fi art failure," "Haemorrhage." "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age." "Shock." 'Traemia," "Weakness." Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds .: or as probably Never report Examples:

MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS Ü, ż

	PLACE OF DEATH 1901	STATE OF MARYLAND
	l lace V. a	CERTIFICATE OF DEATH
Co	unty Marcus	Registration Dist, No. 104
Vi	llage or City hompskinsvelle	St; Ward) [if death occurred le
		give its NAME instead of street and number.]
	FULL NAME Comings	teen Moley or street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARNIED, Marpie	16 DATE OF DEATH 2 - 24, 1913
fr	mail Block wronger (Write the word)	(Month) (Day) (Year)
6 p.	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Feb 5- 1813	2 - 24 - 1913, to 2 - 24 - 1913.
	(Month) (Day) (Year)	that I last saw h 2 alive on 2 - 24 - 1913
7 AG		and that death occurred on the date stated above, at 123 R.m.
	yrs. — mos. & ds. ORhrs.	The CAUSE OF DEATH* was as follows:
-	1 000	Condition, found no com
	Trade, profession, or	for sum, shird appeared to be huntilly
par	ticular kind of work	to game working roundly &
	General nature of Industry, ness, or establishment In	(Duration) yrs. mbs. 3 ds.
	ch employed (or employer)	
9 BI (SI	RTHPLACE (ate or country) Thornfhinsille Med	(Secondary)
	10 NAME OF A	(Duration) yrs mos ds.
	FATHER Barrarel Chisley	(Signed)
TS	11 BIRTHPLACE OF FATHER	2 - 25, 191 3. (Address) Warziels
ZEN	OF FATHER (State or country) Charles Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAR	OF MOTHER Walls Sfill	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) (Lusks Co	At place tn the of death yrs mos ds. State yrs mos ds
14-	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
D.	Burnel Clubles	if not at place of death?
	(Informant)	usual residence
	(Address) houghwill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	1 2 2 2 1 1	Cobb heck Callube Centy flet 250, 1913
Ett	Jel. 24 191 3 W. a Mente	20 UNDERTAKER OF ADDRESS
rii	Dept Lucal REGISTRAR	O.C. Styre Nessen.
	12 more blanks are needed address State Davids tran 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) If the occupation bas For persons

Statement of cause of death—Name, first, the disease Causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cbildbirth or miscarriage. as "Tuerferal schiichaecause. Always qualify all diseases resulting from genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Surcoma. etc., of . ture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of haad-homicide; Potsoned Accidental drowning; Struck by railway train-acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrbage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock." (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," 'l'raemia," "Weakness," (name origin; "Can-Examples:

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED MARGIN S. No. 1.

BINDING

FOR

1 PLACE OF DEATH	STATE OF MARYLAND
County Charles 1902	CERTIFICATE OF DEATH
O d d	Registered No. / 00
Village or City La Plata (No.	St; Ward) [If death occurred in a hospital or institution,
2 FULL NAME Lucile (give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lemale Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Feb. 2 4 , 1913 (Month) (Day) (Year)
march 21,1912	Freb. 20, 1913, to Feb. 74, 1913, that I last saw her alive on Feb. 24
(Month) (Day) (Year) AGE If LESS than	and that death occurred on the date stated above, at S.3 Of. m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
Occupation ds. OR min. ?	Whooping Caugh
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 20 ds.
(State or country) Charles Co.	(Secondary) (Duration)
10 NAME OF Joseph Coomba	(Signed) Jao J. Adelew M D.
I BIRTHPLACE OF FATHER (State or country) Charles Co.	the 25191 (Address) ta Plala.
OF FATHER (State or country) Charles CO, MARIOEN NAMED TILLS OF MOTHER MAJILLA LEE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Choo - Co,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Intermant)	Former or usual residence
(Address) Ta Placa, Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied, 191	20 UNDERTAKER ADDRESSY
REGISTRAR	11 on a somet hellers an

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. If the occupation has CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specigainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraswhich surgical operation was undertaken. For viogenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head terminal conditions, such as "As-... (name origin; "Cancause for d8.;

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 1903 County Musfeworf. Chax Ca Village or City (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, Suigle MARRIED, WIDOWED, OR DIVORCED (Write the word) 8 DATE OF BIRTH ALLY 8 th 1899	16 DATE OF DEATH Geb 20 1, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913., to Jeb 9, 1913.
Month (Day) (Year) 7 AGE If LESS than 1 day,hrs. OCCUPATION (a) Trade, profession, or particular kind et work (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, st
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER Which employed (or employer) March 2 10 NAME OF March 2 10 NAME OF MOTHER	Contributory (Secondary) (Deration)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place et death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 16 Filed 2 2 191 3 REGISTRAR If more blanks are needed, address State Registrar	Ook Grove Church be bus 22, 1913. 20 UNDERTAKER ADDRESS William & Chompson Done as leston

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., etc., when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage, as "PUERPEEAL scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronio "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

	PLACE OF DEATH 1904	STATE OF MARYLAND
Co	ounty Charles	CERTIFICATE OF DEATH
		Registration Dist. No. 154
٧	illage or City Middle lown (No	St; Ward) [If death occurred in a hospital or Institution,
		give its NAME Instead of street and number.]
	FULL NAME Nomus, C	a airy
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	WIGOWED.	16 DATE OF DEATH 2 /7 , 1913 (Month) (Day) (Year)
11	(write the word)	17 I HEREBY CERTIFY, That I attended deceased from
o D	S-/ 20 1.827	2 - 9 - 1913, to $2 - 17$, 1913,
,	(Month) (Day) (Year)	that I last saw h Landalive on 2 7 /7 - 1913
7 A C		and that death occurred on the date atated above, at
	90 yrs. 9 mos. 19 ds. OR min.?	The CAUSE OF DEATH * was as followa:
Bo	CCUPATION	Carolysis a zelam
	Trade, profession, or Suuchant	1
(b)	General nature of Industry,	
	ness, or establishment in ch employed (or employer)	(Duration) yrs. mos. 5 ds.
9 BI	RTHPLACE (sate or country) Dubland Useland	(Secondary)
17	10 NAME OF Thomas Daily	(Signed) (Duration) yrs mos ds. (Signed) L. Prindon, M. D.
S	11 BIRTHPLACE	2-19,191 3 (Address) Hayrid
PARENTS	OF FATHER (State or country) Dublin Osciland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER Comma Smith	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO ANGLES
	13 BIRTHPLACE OF MOTHER (State or country) Cork Villand.	At place In the of death yrs mos ds. State yrs mos ds
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Intermant) Charles P. Wright	Former or usual residence.
15	(Address) Way Siele	In PLACE OF BURIAL OR REMOVAL TO DATE OF BURIAL St Phomous Catholic Cometo July 19
1 6 FII	19 191.3 W. a heale BEGISTRAR	20 UNDERTAKER Charles W Roby & Bro. Belalton.
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers it should be used only when needed. As example, (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaitfied, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "PUERPERAL scptichae cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Sarcoma, etc., of ______ (name origin; "Can-is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," Never report Examples:

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beat in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT WITH UNFADING INK-THIS IS A Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

> m. ż

1905

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospitel or institution, give its NAME instead of street and nomber.]

* FULL NAME Carry M. Matche	2
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale Calored Single, Married, Wisowed, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	that I last saw h. A. alive on
7 AGE 1 (LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH * was as follows: Juber Culusio.
8 OCCUPATION (a) Trede, profession, or particular kind at work	
(b) General neture of Industry, business, or establishmenf in which employed (or employer)	(Duration)yrs. 3mosds.
9 BIRTHPLACE (State or country) Charles Co., Md.	Contributory (Secondary) (Deration) yrs mos ds,
10 NAME OF Webster Mack 11 BIRTHPLACE 11 BIRTHPLACE	(Signed) Cheo. C. Bicknell, M.D. Tel 13, 1913 (Address) Pingal Ind
OF FATHER (State or country) Charles Co. Pha. 12 Maiden NAME OF MOTHER CO. M.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Charles Co. Md.	1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) Edmunia Touch	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Susanday Mid	Tornonce Date of Burial
Filed #26-15 1913 Call Marshall Deputy D. Preg. REGISTRAR	20 UNDERTAKER Mr. Mahorney accobeel 2.
If more bianks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)

Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applles to each and every person, irrespective of age. tion is very important, so that the relative lealthfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing drath (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unjualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

sepsis, tctanus) may be stated under the head which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for units The contributory (secondary or intercurrent) Always qualify aii diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

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MARGIN RESERVED FOR BINDING

county Chas. 1906	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
FULL NAME Thomas Jong	St; Ward) a hospital or Institution give its NAME Instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male colored or nace of single, married, widower or or over or owner. (Write the word)	16 DATE OF DEATH Telemonth (Month) (Day) (Year)
© DATE OF BIRTH When (Month) (Day) (Year)	that I last saw h and alive on abla Jan 10
7 AGE 60 yrs	and that death occurred on the date stated above, advand IA.m The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General natura of industry, business, or establishment in which employed (or employer) Pairthplace (State or country) Chap. Co.	Gontributory Chronic Rephritis (Para (Secondary) + nitral Regulation (Secondary) on the Regulation (Para
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 2 (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death
(Informant) I hamas andrew Duriston (Address) La Plata, Mil	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3 .191.3
Filed Feb. 3, 1913 Hamfolm Cox REGISTRAR 11 more blanks are needed, address State Registrar, 6	20 UNDERTAKER ADDRESS COLY TO MAJORESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) been changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing valvular heart discase; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. affection need not be stated unless important. mere symptoms or oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of terminal conditions, such as "As-_ (name origin; "Can-The nature of the death), 29 ds.;

B. No.

N.B

PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT be stated EXACTLY. of information should be carefully supplied. AGE should be sin DEATH in plain terms, so that it may be properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS See instructions on back of certificate. Every Item of CAUSE OF Important. S PLACE OF DEATH

1907



STATE OF MARYLAND CERTIFICATE OF DEATH

County Theres	Registration Dist. No.
Village or City Dulbois (No	St.; Ward) [It death occurred I a hospital or Institution give its NAME instea
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WITH the word) B DATE OF BIRTH MONTH (Month) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Interpretation of the property
AGE If LESS than 1 day,	and that death occurred on the date stated above, at 5.30 00 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, er particular kind ef work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Med	Contributory Organic Ocions of Heat
10 NAME OF FATHER Skee Savil Deform 11 BIRTHELACE (State or country) 12 MAIDEN NAME	(Signed) (Ouration) yrs mos ds (Signed) (Address) Programme wed *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Wed,	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the mos ds. State yrs, mos ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Voquina Dyfon (Address) Duldor Zull. 5 Filed	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Think P. E. Charle Res Dutton DATE OF BURIAL 20 UNDERTAKER ADDRESS Lo. S. Death Death Rescar: Res

If more hianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

_statement. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.: affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichacthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronie interstitial nephritis nent ncopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medical Association.) is icss definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County..... should Registration Dist, No. 1 OCCUPATION It death occorred in ...Ward) a hospital or institution, RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED, BINDING (Month) (Day) (Year) (Write the word) HEREBY CERTIFY, That attended deceased from 17 6 DATE OF BIRTH classified. (Day) (Year) (Month) pe 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? property 8 OCCUPATION AGI (a) Trade, profession, or particular kind of work (b) General nature of Industry, supplied. pe business, or establishment in may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (Secondary) carefully o (State or country) 10 NAME OF FATHER ō 11 BIRTHPLACE ARENT OF FATHER termi (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of Inform DEATH ot death _____ yrs. ___ mos. ___ ds. (State or country State yrs. mos. Where was disease contracted. If not at place of death? Former or Item usual residence mportant. 19 PLACE OF BURIAL OF REMOVAL ы DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS Filed. m ż If more bianks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: . For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (dever report "Typhoid denumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perttonaeum, etc.. Carcinosis of lungs, meninges, perttonaeum, etc.. Carcinosis

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclachildbirth or miscarriage, as "Purereral septichaeture of the American Medicai Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chrowin ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:

WRITE PLAINLY, WITH UNFADING INK-THIS IS A

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RECORD

PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o 1 PLACE OF DEATH

1909

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 101

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number. T

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
formalis Color of RACE Sangle, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
© DATE OF BIRTH // J 1911 (Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than t day,hrs. ORmin. ?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, er particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Doration) yrs mos ds
OBJETTHPLACE (State or country) OBJETTHPLACE (State or country) OBJETTHPLACE (State or country) OF FATHER (State or country) OF MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Secondary) (Deration) yrs mos ds. (Signed) , M. D. (Si
13 BIRTHPLACE OF MOTHER (State or country) Cherles G1 ned 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) GRANDE GY S.S.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
Filed M. 15 1913 The Sucherlan Josef REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Ting 15 , 1913 20 UNDERTAKER ADDRESS Low Somberler Low Somber

[Approved by U. S. Census and American Public Health
Association.]

-statement. material worked on may form part of the second mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulit should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEBPEBAL pcritonitis," etc. childbirth or miscarriage, as "Purpresal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weaknesa." "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 28 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary). 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory (secondary or Intercurrent) Always qualify all discases resulting from may he stated under the head (Recommendations on statement of _ (name origin; "Can State cause for Examples: For vio

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PHYSICIANS should of OCCUPATION IS RECORD PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY 5 SINGLE, SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word) Exact 8 DATE OF BIRTH stated classified. (Month) be TAGE pinous properly 8 OCCUPATION AGE (a) Trade, profession, or particular kind of work (b) General nature of Industry, supplied. pe business, or establishment in may which employed (or employer) -----9 BIRTHPLACE (State or country) certificate. carefully that it 10 NAME OF FATHER Jo 11 BIRTHPLACE on back terms, ARENT OF FATHER (State or country) should 12 MAIDEN NAME OF MOTHER plain See Instructions information 13 BIRTHPLACE DEATH IN OF MOTHER (State or country) WRITE Jo Item OF important. CAUSE Every

PLACE OF DEATH

(Day)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 day,....hrs.

STATE OF MARYLAND CERTIFIC

AIL	OF	DEATH
		1

QH Registered No

St :----Ward)

[If death occorred in a hospital or lostitutico.

end	rick	of street and number.]
	MEDICAL CERTIFICATE OF	DEATH
mel	16 DATE OF DEATH HE & (Month)	(Day) (Year)
1864	17 I HEREBY GERTIFY, That I	attended deceased from
(Year)	that I last saw hear alive on tob	4 -
If LESS than day,hrs.	and that death occurred on the date stated a The CAUSE OF DEATH* was as follows: Muriles and	m
***************************************	Instignant Endren on Gack Lastinus (Duration)	growth
6	Contributory(Secondary)	
_	(Signed) 26 8 6 6 7 7 7 191 (Address) 4 7 7 7	Ce , N. D.
	*State the DISEASE CAUSING DEATH, or, II CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, Or HOMICIDAL.	deaths from VIOLENT (2) whether Acciden-
ut	18 LENGTH OF RESIDENCE (FOR HOSPITALS, II OR RECENT RESIDENTS) At place In the of deathyrs,mos,ds, State	
OGE	Where wes disease contracted, If not at place of death? Former or usual residence	
mis	Home Curing gours.	
GISTRAR	7	Doneas Ly

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, persionaeum, etc.. Carcin-

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	ECORD	YSICIANS
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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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	UNFA	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it maimportant. See instructions on back of certificate.
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No. 1.		CAU

N. B.

1911

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Berry (No.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
² FULL NAME WILLIAMS	Deo Vous Cruu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, MARRIED, MINOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from TELY 7 1918, to affect 2 1918 Tear) that I last saw hem alive on February 24 1918
	SS than and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	(Ouration) yrs. mos. 8 ds.
9 SIRTHPLACE (State or country)	Contributory(Secondary)
OF THER CHARLE Marshall OF STATES OF STATES OF STATES OF STATES OF MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) (Ouration) yrs
13 BIRTHPLACE OF MOTHER (State or country)	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Charlis Marshall	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 138rry Mod	39 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 2/26 1913 TM Stellierso	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No 1

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia" ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medicai Association.) cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds.; Examples:

[Approved by U. S. Census and American Public Health Association.]

""." "Manager," "Dealer," etc., without more precise speci-., fication, as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples additional line is provided for the latter statement; cases, especially in industrial employments, it is necthe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

"Contributory." ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 "Coliapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," (name origin; "Can-Examples:

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STATE OF MARYLAND CERTIFICATE OF DEATH

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	of street and number. 1

	MEDICAL CERTIFICATE OF DEATH
16 DATE OF D	EATH 758 25, 191.3 (Month) (Day) (Year).
17	I HEREBY CERTIFY, That I attended deceased from
De	C, 1912, to 1728 , 1913,
	hamalive on 408 25,1913
nd that death	occurred on the date stated above, at 4 Qem,
	F DEATH* was as follows:
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	ds.
Contributor (Secondary)	у
	(Duration) yrs mes ds.
Signed)	ev. C. Bickmill, N.D.
Fe 8-2	5, 191 3 (Address) Pingah and.
*State the CAUSES, state TAL, SUICIDA	DISEASE CAUSING DEATH, or, in deaths from VIOLENT (1) MEANS OF INJURY; and (2) whether ACCIDEN-L, or HOMICIDAL.
8 LENGTH OF	RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OR RECENT F	In the
	s mos ds. State yrs, mos ds.
There was disease f not at place of c	e contracted,
Former or Isual residence	
PLACE OF	BURIAL OR REMOVAL DATE OF BURIAL
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hillian	Bl' Thompson Doneasterm
A E Franklin	St Rolta Paquesting V S No 1

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing peath, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar incumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carein-

cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT beaths state Means of injury and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness." genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) scpsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (name origin; "Can Examples:

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state certificate. 10 back 00 Instructions

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

Ilt death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR RACE WHOOMED, Jungle Write the word) I HEREBY CERTIFY. That I attended deceased from S DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at 6 f day hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment lu (Duratien) which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 2 0 .191 3 (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in teaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State _____ yrs. ____ mos. of death _____ yrs. ____ mos. ____ ds. Where was disease contracted. If not at place of death?----Former or esual residence. DATE OF BURIAL 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

. statement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speciit should he used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indl-Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

cause. Always qualify all diseases resulting from ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgleal operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarrlage, as "PUERPEBAL septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . cause of death approved by Committee on Nomenclamere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mally. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For vio-

Registration Dist. No OCCUPATION RECORD ō statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE ERMANE MARRIED. WIDOWED, のとうと (Write the word) 6 DATE OF BIRTH Jan classified. (Day) (Year) if LESS than 7 AGE should t dayhrs. OR min. ? properly 6 OCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of industry, pe business, or establishment in may NIO which employed (or amployer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 50 (Addrass) 11 BIRTHPLACE terms, ENT OF FATHER (State or country) 00 AR 12 MAIDEN NAME piain instructions OF MOTHER information 0 OR RECENT RESIDENTS) 13 BIRTHPLACE 0 At place OF MOTHER (State or country) of death yrs. mos. ds. of infor Where was disaase contracted. 14THE ABOVE IS TRUE KNOWLEDGE If not at placa of death? OF usual residence Important. Every it 20 UNDERTAK m Z

If more blanks are needed, address State Regia trar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

1915

1 PLACE OF DEATH

Very

STATE OF MARYLAND CERTIFICATE OF DEATH

> [If death occurred in a hospital or institution, give its NAME instead

of street and numbar. 1 MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at // ... m, The CAUSE OF DEATH * was as follows: neumann (Duratien) *State the DISEASE CAUSING DEATH, or, in deatha from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the State yrs, _.... mos. OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers scation, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman." Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcin-

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Exact statement of OCCUPATION is very

DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

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PLACE OF DEATH

1916

STATE OF MARYLAND CERTIFICATE OF DEATH

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St.; Ward)

[If death occurred in a hospital or lostitution, give its NAME lostead of street and number.]

Village or City Jacobs Acchel &

* FULL NAME / Chel	avan
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JEmale While Single, Married, Willowed, Ordiverce (Write the word)	16 DATE OF DEATH Flag 4, 1913 (Month) (Day) (Year)
about The gras a ga, 1 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Never algeria del Claron 191 From du de Topore armong orea k that I last saw h alivo on 191
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry.	The dear
(b) deneral nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER James Veaborn 11 DIRTHBLACE	(Secondary) (Secondary) (Secondary) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address)
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER Jame Richard 13 BIRTHPLACE OF MOTHER (State or country) Med	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) Carrole (Address) Carrole (Address) Carrole (Address)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF EURIAL OR REMOVAL CHARLE Spring from Company Appress 20 UNPERTAKER Appress Appress

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. near La Plata (If death occurred in St:Ward) a hospital er institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE 191.3 MARRIED. engle WIDOWED, (Month) (Year) evered ORDIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than and that death occurred on the date stated above, at 4-30 4 m. 7 AGE 1 day, hrs. The CAUSE OF DEATH * was as follows: OR ? meismonea 8 OCCUPATION (a) Trade, profession, or narticular kind of work... (b) General nature of Industry, business, or establishment in (Ouration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER of death yrs. mos. ds. State _____ yrs. ____ mos. (State or country Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL teuroum 20 UNDERTAKER ADDATES REGISTRAR

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinolasis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acolsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malls "Contributory." which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "AL Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Never report

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain, terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

S. No. 1.

Village or Gity M-Concher (No	give Its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make Color of RACE 5 SINGLE, MARRIED, WIODWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Feb. 2 (Mopth) (Day) (Year) 17 HEREBY GERTIFY. That I strended deceased from
B DATE OF BIRTH Feb. 18 , 1914	
(MoDth) (Day) (Year) AGE If LESS than 1 day,hrs. yrs. mos. // ds. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	The Bush was premature (Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER STANCES SMITH 11 BIRTHPLACE (State or country) Char Co In 12 MAIDEN NAME Que 12 MAIDEN NAME Que 14 MAIDEN NAME Que 15 MAIDEN NAME Que 16 MAIDEN NAME Que 17 MAIDEN NAME Que 18 MAIDEN NAME Que 18 MAIDEN NAME Que 19 MAIDEN NAME Que 10 MAIDEN NAME Que 11 MAIDEN NAME Que 12 MAIDEN NAME Que 13 MAIDEN NAME Que 14 MAIDEN NAME Que 15 MAIDEN NAME Que 16 MAIDEN NAME Que 17 MAIDEN NAME Que 18 MAIDE	(Signed) (Buration) yrs. mos. ds. (Signed) (Sig
of Mother Ma from 13 BIRTHPLACE OF MOTHER (State or country) Chul G > M	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs,
(Informant) Trancos Sunth	Where was disease contracted, If not at place of death?
Filed Francisco 1913 W. F. Prawse r Defr LOCAL REGISTRAR If more blanks are needed, address State Registrar, 6 E	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL FUL 22, 1916 20 UNDERTAKER HORIEL ADDRESS M. Conclus

[Approved by L. S. Census and American Public Health
Association.]

material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first ifne will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefiuite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosciis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Putrperal septichaecause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples:

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1919 PHYSICIANS should of OCCUPATION Is RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR BACE MARRIED. WIDOWED. ORDIVORCED stated 82 1 classified. (Day) (Year) (Month) pe If LESS than TAGE should almit 1 day hrs. OR min. ? properly 6 OCCUPATION AGE (a) Trade, prefession, or parficular kind of work. UNTADING INK (b) General nature of industry. supplied. pe business, or establishment In may which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 0 191.3... (Address). 11 BIRTHPLACE terms. PARENT OF FATHER (State or country) 12 MAIDEN NAME plain OF MOTHER instructions Information OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) DEATH Where was disease confracted, if not at place of death? ... -Former or Item P usuai residence mportant. CAUSE REGISTRAR m ż

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

(1)

ADDRESS

Registered No.

.....Ward)

Ilf death occurred in a tospital or institution. give its NAME Instead of street and number.]

I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at Z. The CAUSE OF DEATH* was as follows: (Duration) yrs. mos. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, of death yrs. mos. ds. Sfafe yrs, mos.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewifc, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

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should ion is PHYSICIANS shou Exact statement EXACTLY. stated classified. pe pinoda properly AGE carefully supplied. 80 pe plain terms. should of Information _ DEATH WRITE

PLACE OF DEATH state County..... PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 3 SEX 6 DATE OF BIRTH (Month) 7 AGE BOCCUPATION (a) Trade, protession, or (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 50 11 BIRTHPLACE on back ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER See Instructions 0 13 BIRTHPLACE OF MOTHER (State or country) Every Item CAUSE OF important. (Address) 15 m ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF	MARY	LAND
CERTIFICAT	E OF	DEATH

Registered No.

.Ward)

1920

(Year)

If LESS than

1 day,....hrs

OR min. ?

5 SINGLE.

MARRIED HOWED (Write the word)

(Day)

[If death occurred in a hospital or institution. give its NAME instead of street and nomber.]

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16 DATE OF DEATH	2 -	19	., 1913
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17 I HEREBY	CERTIFY, That I	sttended dec	ceased Iron
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that I last saw h. L.Z alive	e on \$ 4.2	7.4	, 191-2
and that death occurred on	the date stated	abovs, st	m
The CAUSE OF DEATH* w	as as lollows:		
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0.0000000000000000000000000000000000000			
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18 LENGTH OF RESIDENCE			
OR RECENT RESIDENTS)		INSTITUTIONS,	INANSIENTI
At place of death yrs mos	in the	VF0	man de
Where was disease contracted,	48. State	}10,	mos os
If not at place of death?			
Former or			
1 / 11 /		*********	**********************
usual residence			
19 PLACE OF BURIAL OR	REMOVAL	DATE OF B	URIAL
19 PLACE OF BURIAL OR	/ /	01	
19 PLACE OF BURIAL OR	Truster 712	01	22,191.3

Jes VI Whade

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples

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o that it may be p 0 0 DEATH in plain terms, see instructions on back pluods of Information See CAUSE OF Important. m

1921

PLACE OF DEATH

County.....

15



STATE OF MARYLAND

CERTIFICATE OF DEATH

Village or C	LL NAME	(No,		(d) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERS	ONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE C	OF DEATH
Female	Colored Single MARRIE WIDOW ORDING Write	ID,	16 DATE OF DEATH (Month)	(Day) , 1913 (Year)
6 DATE OF BIR	Teb	20 , 19/3 Day) (Year)	17 I HEREBY CERTIFY, That	, 191
7 AGE	yrs. mos.	If LESS than 1 day,hrs.	snd that death occurred on the date stated. The CAUSE OF DEATH* was as follows:	
(b) General nature business, or esta	workbi Industry, bilshment in remployer)		Contributory Mos M. M.	Morson L. R
O NAME C FATHER STATE OF MAIDEN OF MAIDEN	LACE COUNTRY) NAME NAM	ashington	(Signed)	, N. D.
13 BIRTHP OF MOT (State or	LACE HER COUNTRY) IS TRUE TO THE BEST OF MY	KNOWLEDGE inglow	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State Where was disease contracted, if not at place of death?	yrs, ds.
(Address)	Bing 1. M. Still	RESTOR	18 PLACE OF BURIAL OR REMOVAL At Horse 20 UNDERTAKER Senard Washington	DATE OF BURIAL 2/20, 191.3 ADDRESS BERNE TOLA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

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MARGIN RESERVED FOR BINDING

7. S. No. 1.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

VIIIage or City Galland Greens.	STATE OF MARYLAND CERTIFICATE OF DEATH / 08 Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVERCED (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (1913, to 1913,
(Month) (Day) (Year)	that I last saw here alive on Fift 9th 1913
7 AGE If LESS than 1 day,hrs. ORmlo.?	and that death occurred on the date stated above, at 10 9 m. The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work. (b) General nature of industry,	Jary filrord Tanson of
business, or establishment in which employed (or employer)	(Duration) yrs mos fluctor
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Deration) yrs mes ds.
10 NAME OF FATHER John Papper	(Signed) To Martin Burn, M. D. Fred 10, 191 3 (Address) aguara 2nd
OF FATHER (State or country) La Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted.
(Informant) True TO THE BEST OF MY KNOWLEDGE	If not at place of death?————————————————————————————————————
18 (Address) Lallany Lann Inc.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Vest 10th, 191 3 Henry J. Contec	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. causing death, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not tion is very important, so that the relative meaithful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerpreal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify ail diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 da.; "Dropsy," "Exhaustion," ... (name origin; "Can-

